

CLAIMS ONLY						Application Number 10/694993	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/		/						51			
2		/		/					52			
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48									98			
49									99			
50									100			
Total Indep	1	1	2	1	1	1			Total Indep			
Total Depend	18	18	23	23	23	23			Total Depend			
Total Claims	19	19	25	25	25	25			Total Claims			